#### Application Data Sheet

Application Information

Application Type::

Regular

Subject Matter::

Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Number of CD disks::

Number of Copies of CDs::

Sequence Submission?::

None

Computer Readable Form (CRF)::

Number of copies of CRF::

No

number of copies of or

ANATOMICAL MINI-ILLUMINATOR FOR

LINGUAL CAVITY

Attorney Docket Number::

2501-1012

Request for Early

No

Publication?::

Title::

Request for Non-Publication?::

No

Suggested Drawing Figure::

Total Drawing Sheets::

3

Small Entity?::

Yes

Latin Name::

Variety Denomination Name::

Petition Included?::

No

Petition Type::

Licensed US Gov't Agency::

Contract or Grant Numbers::

Secrecy Order in Parent

No

Appl.?::

Appl	icant	Info	rmation
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Applicant Authority Type:: Inventor
Primary Citizenship Country:: ITALY

Status:: Full Capacity

Given Name:: VINCENZO

Middle Name::

Family Name:: GARGIULO

Name Suffix::

City of Residence:: ROMA

State or Province of

Residence::

Country of Residence:: ITALY

Street of Mailing VIA FILIPPO MEDA, 195

Address::

City of Mailing Address:: ROMA

State or Province of Mailing Address::
Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address:: I-00157

### Correspondence Information

Correspondence Customer 00466

Number::

#### Representative Information

Representative Customer	00466
Number::	

#### Domestic Priority Information

Application::	Continuity	Parent	Parent Filing
	Type::	Application::	Date::
This application	National Stage of	PCT/IT2004/000383	7/1/04

## Foreign Priority Information

Country::	Application	Filing Date::	Priority
	Number::		Claimed::
ITALY	RI2003A000005	7/2/03	Yes

# Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::